RECEIVED

By Ethics Commission at 11:16 am, Aug 31, 2022

West Virginia Ethics Commission

Lobbyist Activity Report Form

2022-02

Late reporting fine - \$10 per business day past the due date (\$250 maximum)

| | | 01 | | | | | 04 040 54 | 70 | |
|--|--|--|--|---|--|--|--|--|--|
| | Regina Skeen | | | | | Phone 304-342-5176 | | | |
| Address 2220 Washington Street East, Ste 1 | | | | | | Email rskeen@hbawv.org | | | |
| | | h 140 | 105044 | | | | | | |
| ity, St | ate Zip C | harleston, W | V 25311 | | | | | | |
| . Re | porting pe | riod for which this | activity report | is being filed | | | | | |
| heck | Report | Period | Due Date | 10-10-14-18 p. 10-19 | | | | | |
| x | 2022-2 | 5/1/22-8/31/22 | 9/15/22 | | | | | | |
| . Lis | t all emplo | yers/organizations | that you repr | esent as a lobb | yist | Use | additional rep | orting forms if | necessary. |
| | | Builders Asso | | | | | | | |
| 1. | | | Old II Ol | | 4 | | | | |
| 2. | | | | | 5 | | | | |
| | | | | | | | | | |
| | | | | | 6 | | | | |
| 3. 1. Lo | bbying act | ivity summary - If t | | | | | | A CHARLES | |
| 3. 1. Lo | bbying act | | | | | | | | |
| a. Lo | bbying act | ivity summary - If t | | | | | | | |
| 3. 4. Lo None | bbying act | ivity summary - If t | here was no a | ctivity or expen | | | | | |
| 3. None S. Ex | penditures | ivity summary - If t s s, including campai | here was no a ign contributio icial, employee | ons, mark here: | iditures, Indicate | "none." | | ent in each of t | the following |
| 3. None So. Ex | penditures | ivity summary - If t s s, including campai y on any public offi th employer you re | here was no a ign contributio icial, employee | ons, mark here: | iditures, Indicate | "none." | | ent in each of t | the following |
| 3. None S. Exformation exists a second expenses a second expense a second expenses a second expense a second expenses a second expense a second expenses a | penditures pent mone ries per ead | ivity summary - If t s s, including campai y on any public offi th employer you re | ign contribution icial, employee present. Comp | ons, mark here: | his or her immed | fiate family, list this report. | he amounts sp | | |
| 3. Lo None 5. Ex f no ex f you s categoric | penditures pent mone ries per ead | ivity summary - If t s s, including campai ey on any public offi th employer you re gories | ign contribution icial, employee present. Complements | ons, mark here: or member of plete and attach | his or her immed | fiate family, list his report. Employer 4 | the amounts sp | Employer 6 | Total Expende |
| 3. Lo None 5. Ex f no ex f you s categor Expend | penditures spenditures pent mone ries per each | ivity summary - If to s, including campai ey on any public offi th employer you re gories d Beverages | ign contribution icial, employee present. Complemployer 1 \$0.00 | ons, mark here: or member of blete and attach Employer 2 | his or her immed Schedule A to the Employer 3 | fiate family, list this report. Employer 4 \$0.00 | he amounts sp Employer 5 \$0.00 | Employer 6 \$0.00 | Total Expende |
| 3. None Expendence A. B. C. | penditures pent mone ries per each diture Cate Meals and Lodging | ivity summary - If to s, including campai ey on any public offi th employer you re gories d Beverages | ign contribution icial, employee present. Comp Employer 1 \$0.00 \$0.00 | ons, mark here: or member of plete and attach Employer 2 \$0.00 \$0.00 | his or her immed Schedule A to the Employer 3 \$0.00 \$0.00 | fiate family, list this report. Employer 4 \$0.00 \$0.00 | the amounts sp Employer 5 \$0.00 \$0.00 | Employer 6 \$0.00 \$0.00 | Total Expended \$0.00 \$0.00 |
| 3. None Solution in the second of the seco | penditures pent mone ries per eac diture Cate Meals and Lodging Advertisir | ivity summary - If to s, including campai ey on any public offi th employer you re gories d Beverages | ign contribution icial, employee present. Comp Employer 1 \$0.00 \$0.00 \$0.00 | ens, mark here: or member of plete and attach Employer 2 \$0.00 \$0.00 | his or her immed Schedule A to tl Employer 3 \$0.00 \$0.00 | fiate family, list his report. Employer 4 \$0.00 \$0.00 | he amounts sp Employer 5 \$0.00 \$0.00 \$0.00 | Employer 6 \$0.00 \$0.00 \$0.00 | \$0.00 \$0.00 \$0.00 \$0.00 |
| 3. 4. Lo None 5. Ex If no ex If you s categor Expend A. B. C. D. E. | penditures pent mone ries per each diture Cate Meals and Lodging Advertisir Travel | ivity summary - If to s, including campai ey on any public offich employer you re- gories d Beverages | ign contribution icial, employee present. Comp Employer 1 \$0.00 \$0.00 \$0.00 \$0.00 | ens, mark here: or member of plete and attach Employer 2 \$0.00 \$0.00 \$0.00 | his or her immed Schedule A to tl Employer 3 \$0.00 \$0.00 \$0.00 | diate family, list his report. Employer 4 \$0.00 \$0.00 \$0.00 | Employer 5 \$0.00 \$0.00 \$0.00 \$0.00 | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 3. None Solution Solution None Solution | penditures pent mone ries per each diture Cate Meals and Lodging Advertisir Travel Gifts Other Exp | ivity summary - If to s, including campai ey on any public offich employer you re- gories d Beverages | ign contribution icial, employees present. Comp Employer 1 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | ens, mark here: or member of plete and attach Employer 2 \$0.00 \$0.00 \$0.00 \$0.00 | his or her immed Schedule A to the Employer 3 \$0.00 \$0.00 \$0.00 \$0.00 | fiate family, list his report. Employer 4 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | Employer 5 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | Employer 6 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 3. 4. Lo None 5. Ex If no ex If you s category | penditures pent mone ries per each diture Cate Meals and Lodging Advertisin Travel Gifts Other Exp | ivity summary - If to s, including campai ey on any public offich employer you re- gories d Beverages | ign contribution icial, employees present. Comp Employer 1 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | ens, mark here: or member of plete and attach Employer 2 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | his or her immed Schedule A to the Employer 3 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | #mone." diate family, list this report. Employer 4 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | Employer 5 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |